

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 1: Cover Sheet

#### Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity and filed with the **Entity Reporting Cover Sheet.**

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Individual Reporting Guide**, or the **Lobbyist Reporting Form: Entity Reporting Guide**.

LOBBYIST NAME	Title First Name*  Mr. Trey  Last Name*  Salinas  My employer is a 501c(3) non-profit organization	Middle		
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address*  1250 S Capital of Texas Hwy  City*  Austin	Apartment or Suite Number  #3-340  State* Zip Code*  TX 78746		
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address*  1250 S Capital of Texas Hwy  City*  Austin	Apartment or Suite Number  #3-340  State*  Zip Code*  TX  78746		
REPORT TYPE	Report Type*: Check al  New Lobbyist Update Current Lobbyist Registration  Quarterly Activity Quarterly Activity Report: January Report: April	Annual Renewal of Lobbyist Registration  Quarterly Activity Report: July  Termination of Lobbyist Registration  Quarterly Activity Report: October		

<sup>\*</sup> Indicates a required field



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# Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munici	ipal Question, clic	k the "Add Additional Municipal Quest	tion" button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Police Office	Austin Police Office Funding						
PROPERTY ADDRESS	This municip description i	operty address or legal						
OR								
LEGAL DESCRIPTION	City		State	Zip Code				
	Property Legal De	escription						
		·						
Subject Matter(s)*: Check all su	bject matters that	t apply to the municipal question abov	re					
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Wate Quality, or Watershed Protection	r Permits (B	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (C	Other)				
Animals		Health, Healthcare, Mental Health, of Human Services		ety, Policy, Fire, EMS, or y Planning and Response				
Annexation		Historic Preservation	Public Util or Recyclir	ities, Energy, Water, Solid Waste				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Cont Center	vention 🔀 Quality of	Life Affairs				
Aviation		Human Rights or Immigration	Real Estate	е				
City Infrastructure or Public V	Works	□ Labor or Workforce	Rules, Pro	posed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	Land Development or Land Use	☐ Taxation o	r Fees				
Code Compliance		Municipal Court	Technolog	y or Communications				
Construction		Municipal Legislation	☐ Transporta	ation or Mobility				
Contracts or Procurement		Neighborhoods	Zoning or	Platting				
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or Muse	eums					
Economic Development		Other:						



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To report more t	han one Munici	pal Question, clic	k the "Add	Additional Municipal Q	Question" butte	on below.			
SPECIFIC DESCR		Annexation	Annexation						
PROPERTY	ADDRESS	description i		pertains to real prope					
О	R	Address			Suit	te or Apartment I	Number		
LEGAL DES	CRIPTION								
		City			Stat	te	Zip Code		
		Property Legal De	escription						
Subject Matter(s	)*: Check all su	bject matters that	t apply to th	ne municipal question a	above				
Accessibility	y or Persons with	Disabilities	☐ Enviro	nmental Matters, Air or N y, or Watershed Protection	Water on	Permits (Bu	ilding, Site Plans)		
Affordabilit	у		Financ	e, Budget, or Investment	:S	Permits (Ot	ner)		
Animals				n, Healthcare, Mental Hea n Services	alth, or		y, Policy, Fire, EMS, or Planning and Response		
Annexation			Histor	ic Preservation		Public Utilit or Recycling	ies, Energy, Water, Solid Waste		
Arts, Music Creative Ind	, Film, Cultural or dustries		Hospit Cente	ality, Tourism, Events, or	Convention	Quality of Li	fe Affairs		
Aviation			Huma	n Rights or Immigration		Real Estate			
City Infrastr	ructure or Public \	Works	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service Retirement	e, Municipal Empl Systems	oyment, or	Land [	Development or Land Use	!	Taxation or	Fees		
Code Comp	liance		Munio	ipal Court		Technology	or Communications		
Construction	n		Munic	ipal Legislation		Transportat	ion or Mobility		
Contracts o	r Procurement		☐ Neigh	borhoods		Zoning or Pl	atting		
Diversity, E	quity, or Inclusior		Parks,	Recreation, Libraries, or	Museums				
Economic D	evelopment		Other	:					



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To report more than or	e Municipal Question	n, click the "Add Additional Municipal Question" b	button below.					
SPECIFIC DESCRIPTION MUNICIPAL QUESTI	Austin Energ	Austin Energy Generation Plan						
PROPERTY ADDRE	descrip	unicipal question pertains to real property. *If charterist tion is required.	·					
OR	Address		Suite or Apartmen	t Number				
LEGAL DESCRIPTION	on L							
	City		State	Zip Code				
	Property Le	gal Description						
		6						
Subject Matter(s)*: Che	eck all subject matter	s that apply to the municipal question above						
Accessibility or Per	sons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (E	Building, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (0	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or ry Planning and Response				
Annexation		Historic Preservation	Public Uti or Recycli	lities, Energy, Water, Solid Waste ng				
Arts, Music, Film, C Creative Industries		Hospitality, Tourism, Events, or Convention Center	n 🔀 Quality of	Life Affairs				
Aviation		Human Rights or Immigration	Real Estat	e				
City Infrastructure	or Public Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making				
Civil Service, Munic	cipal Employment, or s	Land Development or Land Use	∑ Taxation of the last of the las	or Fees				
Code Compliance		Municipal Court	Technolog	gy or Communications				
Construction		Municipal Legislation	☐ Transport	ation or Mobility				
Contracts or Procu	rement	Neighborhoods	Zoning or	Platting				
Diversity, Equity, o	r Inclusion	Parks, Recreation, Libraries, or Museums						
Economic Develop	ment	Other:						



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To repo	rt more than one Municip	oal Question, clicl	the "Add	Additional Municipal Question	" button b	pelow.		
	FIC DESCRIPTION OF THE JNICIPAL QUESTION*	Austin Energy Rates						
P	PROPERTY ADDRESS	description is	=	n pertains to real property. *If o				
	OR	Address			Suite or	Apartment N	Number	
L	EGAL DESCRIPTION							
		City			State		Zip Code	
		Property Legal De	scription					
Subject	Matter(s)*: Check all sub	ject matters that	apply to t	he municipal question above				
Ad	ccessibility or Persons with [	Disabilities		onmental Matters, Air or Water ty, or Watershed Protection		Permits (Bui	ilding, Site Plans)	
⊠ Af	ffordability		∑ Finan	ce, Budget, or Investments		Permits (Otl	her)	
☐ Ai	nimals			h, Healthcare, Mental Health, or an Services			y, Policy, Fire, EMS, or Planning and Response	
Aı	nnexation		Histor	ric Preservation		Public Utiliti or Recycling	ies, Energy, Water, Solid Waste	
	rts, Music, Film, Cultural or reative Industries		Hospi Cente	tality, Tourism, Events, or Convent r	tion 🔀	Quality of Li	ife Affairs	
Av	viation		Huma	n Rights or Immigration		Real Estate		
⊠ Ci	ity Infrastructure or Public W	/orks	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making	
	ivil Service, Municipal Emplo etirement Systems	yment, or	Land	Development or Land Use		Taxation or	Fees	
Co	ode Compliance		Muni	cipal Court		Technology	or Communications	
Co	onstruction		Munio	cipal Legislation		Transportat	ion or Mobility	
Co	ontracts or Procurement		☐ Neigh	borhoods		Zoning or Pl	atting	
☐ Di	iversity, Equity, or Inclusion		Parks	, Recreation, Libraries, or Museum	ıs			
∑ Ed	conomic Development		Other	r:				



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To report more than one Munici	pal Question, clic	k the "Add Additional Municipal Qu	estion" button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Body Cameras	Body Cameras						
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property addres description is required.  Address  Suite or Apartment Number							
OR								
LEGAL DESCRIPTION	City		State	Zip Code				
	Property Legal De	escription						
		p						
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question ab	ove					
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Wa Quality, or Watershed Protection		(Building, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits	(Other)				
Animals		Health, Healthcare, Mental Healt Human Services		afety, Policy, Fire, EMS, or ncy Planning and Response				
Annexation		Historic Preservation	Public U or Recyc	tilities, Energy, Water, Solid Waste ling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or C Center	onvention 🔀 Quality o	of Life Affairs				
Aviation		Human Rights or Immigration	Real Esta	ate				
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Pr	roposed Rules, or Rule Making				
Civil Service, Municipal Emplo	oyment, or	Land Development or Land Use	☐ Taxation	or Fees				
Code Compliance		Municipal Court	▼ Technole	ogy or Communications				
Construction		Municipal Legislation	☐ Transpo	rtation or Mobility				
Contracts or Procurement		Neighborhoods	Zoning c	or Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or M	useums					
Economic Development		Other:						



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To report more than one Munic	cipal Question, clic	ck the "Add Additional Municipal Question" bu	ıtton below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Land use issues	and use issues						
PROPERTY ADDRESS	description	This municipal question pertains to real property. *If checked, either a property address or legal description is required.						
OR	Address	S	Suite or Apartment	Number				
LEGAL DESCRIPTION								
	City	s	State	Zip Code				
	Property Legal D	escription						
Subject Matter(s)*: Check all su	ubject matters tha	t apply to the municipal question above						
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (Ot	her)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utilit or Recycling	cies, Energy, Water, Solid Waste				
Arts, Music, Film, Cultural o Creative Industries	r	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs				
Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure or Public	Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making				
Civil Service, Municipal Emp Retirement Systems		□ Land Development or Land Use		Fees				
Code Compliance		Municipal Court	Technology	or Communications				
Construction		Municipal Legislation	Transporta	tion or Mobility				
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF MUNICIPAL QUESTION	Mohility Issues	Mobility Issues						
PROPERTY ADDRESS	description	ipal question pertains to real property. *If ched is required.		-				
OR	Address	<u> </u>	Suite or Apartment	Number				
LEGAL DESCRIPTION								
	City		State	Zip Code				
	Property Legal I	Description		-				
		'						
Subject Matter(s)*: Check	all subject matters th	at apply to the municipal question above						
Accessibility or Person	ns with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (Of	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utilit or Recyclin	ties, Energy, Water, Solid Waste g				
Arts, Music, Film, Cult Creative Industries	ural or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs				
Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure or	Public Works	Labor or Workforce	Rules, Prop	oosed Rules, or Rule Making				
Civil Service, Municipa Retirement Systems	al Employment, or	☐ Land Development or Land Use	Taxation or	Fees				
Code Compliance		Municipal Court	Technology	or Communications				
Construction		Municipal Legislation		tion or Mobility				
Contracts or Procurer	nent	☐ Neighborhoods	Zoning or P	Platting				
Diversity, Equity, or Ir	clusion	Parks, Recreation, Libraries, or Museums						
Economic Developme	nt	Other:						



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To report	more than one Municip	oal Question, click	the "A	Add Add	litional Municip	oal Question" b	button b	elow.		
	DESCRIPTION OF THE	MUD Issues								
PRO	OPERTY ADDRESS	description is	This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
	OR	Address					Suite or	Apartment N	Number	
LFG	SAL DESCRIPTION									
	7.12 D2301111 11011	City					State		Zip Code	
		Property Legal De	scription	n						
		1.000.07 2080.20	50							
Subject M	latter(s)*: Check all sub	ject matters that	apply t	to the n	nunicipal quest	ion above				
Acce	essibility or Persons with [	Disabilities	☐ En	nvironme uality, o	ental Matters, Ai Watershed Prof	r or Water tection		Permits (Bui	ilding, Site Plans)	
	ordability		∑ Fir	nance, B	udget, or Investr	ments		Permits (Otl	her)	
Anir	mals			ealth, He uman Se	ealthcare, Menta rvices	l Health, or	$\boxtimes$		y, Policy, Fire, EMS, or Planning and Response	
⊠ Ann	exation		His	storic Pr	eservation			Public Utiliti or Recycling	ies, Energy, Water, Solid \	Waste
	, Music, Film, Cultural or ative Industries			ospitality enter	/, Tourism, Event	ts, or Convention	n 🖂	Quality of Li	fe Affairs	
Avia	ation		☐ Hu	uman Ri	ghts or Immigrat	ion	$\boxtimes$	Real Estate		
	Infrastructure or Public W	/orks	Lal	bor or V	Vorkforce			Rules, Propo	osed Rules, or Rule Makin	ng
	Service, Municipal Emplo rement Systems	yment, or	∑ Laı	ınd Deve	elopment or Lanc	l Use		Taxation or	Fees	
Code	e Compliance		<u>М</u>	unicipal	Court			Technology	or Communications	
Con	struction		Mu	unicipal	Legislation			Transportat	ion or Mobility	
Con	tracts or Procurement		⊠ Ne	eighborh	noods		$\boxtimes$	Zoning or Pl	atting	
Dive	ersity, Equity, or Inclusion		⊠ Pa	arks, Rec	reation, Libraries	s, or Museums				
∑ Ecor	nomic Development		Ot	ther:						



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To report more than one Mun	icipal Question, cli	ck the "Add Additional Municipal Question" bເ	ıtton below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Municipal Ordina	Municipal Ordinance						
PROPERTY ADDRESS		This municipal question pertains to real property. *If checked, either a property address or legal description is required.						
OR	Address		Suite or Apartment	Number				
LEGAL DESCRIPTION								
	City		State	Zip Code				
	Property Legal D	Description						
Subject Matter(s)*: Check all	subject matters that	at apply to the municipal question above						
Accessibility or Persons wi	th Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (Ot	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utilit or Recyclin	ties, Energy, Water, Solid Waste g				
Arts, Music, Film, Cultural Creative Industries	or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs				
Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure or Publ	ic Works	Labor or Workforce	Rules, Prop	oosed Rules, or Rule Making				
Civil Service, Municipal Em Retirement Systems	nployment, or	Land Development or Land Use	Taxation or	Fees				
Code Compliance		Municipal Court	Technology	or Communications				
Construction		Municipal Legislation	Transporta	tion or Mobility				
Contracts or Procurement		☐ Neighborhoods	Zoning or P	Platting				
Diversity, Equity, or Inclusi	ion	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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To report more than one Mun	icipal Question, cli	ck the "Add Additional Municipal Question" bu	itton below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Real Estate	Real Estate						
This municipal question pertains to real property. *If checked, either a property add description is required.  PROPERTY ADDRESS								
OR	Address	S	buite or Apartment	Number				
LEGAL DESCRIPTION								
	City	s	itate	Zip Code				
	Property Legal D	Description						
	Troperty Legar L							
Subject Matter(s)*: Check all s	subject matters that	at apply to the municipal question above						
Accessibility or Persons wit	th Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (Ot	her)				
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utilit or Recycling	cies, Energy, Water, Solid Waste				
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs				
Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure or Publi	c Works	Labor or Workforce		osed Rules, or Rule Making				
Civil Service, Municipal Em Retirement Systems	ployment, or		Taxation or	Fees				
Code Compliance		Municipal Court	Technology	or Communications				
		Municipal Legislation	☐ Transporta	tion or Mobility				
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting				
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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To report more than one Munici	pal Question, clic	k the "Add Addition	al Municipal Question" but	ton below.				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Recycling	Recycling						
PROPERTY ADDRESS	This municip		s to real property. *If check	ked, either a prop				
OR								
LEGAL DESCRIPTION	City		Sta	ate	Zip Code			
	Property Legal De	escription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the munic	cipal question above					
Accessibility or Persons with	Disabilities	Environmental Quality, or Wat	Matters, Air or Water ershed Protection	Permits (Bu	ilding, Site Plans)			
Affordability		Finance, Budge	t, or Investments	Permits (Ot	her)			
Animals		Health, Healtho	care, Mental Health, or s	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response				
Annexation		Historic Preserv	vation	Public Utilit	ies, Energy, Water, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tou	urism, Events, or Convention	Quality of L	ife Affairs			
Aviation		Human Rights of	or Immigration	Real Estate				
City Infrastructure or Public V	Vorks	Labor or Workf	orce	Rules, Prop	osed Rules, or Rule Making			
Civil Service, Municipal Emplo	oyment, or	Land Developm	nent or Land Use	Taxation or	Fees			
Code Compliance		Municipal Cour	t	Technology	or Communications			
Construction		Municipal Legis	slation	Transportat	ion or Mobility			
Contracts or Procurement		☐ Neighborhoods	3	Zoning or P	latting			
Diversity, Equity, or Inclusion		Parks, Recreation	on, Libraries, or Museums					
Economic Development		Other:						



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To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Question	n" button below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Renewable Energ	gy		
PROPERTY ADDRESS	description	pal question pertains to real property. *If is required.		· · ·
OR	Address		Suite or Apartment	Number
LEGAL DESCRIPTION				
	City		State	Zip Code
	Property Legal D	Description		
Subject Matter(s)*: Check all s	ubject matters that	at apply to the municipal question above		
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (O	ther)
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Convent Center	tion 🔀 Quality of	Life Affairs
Aviation		Human Rights or Immigration	Real Estate	2
City Infrastructure or Public	Works	Labor or Workforce	Rules, Prop	posed Rules, or Rule Making
Civil Service, Municipal Emp Retirement Systems	ployment, or	Land Development or Land Use	Taxation o	r Fees
Code Compliance		Municipal Court	Technolog	y or Communications
Construction		Municipal Legislation	Transporta	ition or Mobility
Contracts or Procurement		Neighborhoods	Zoning or I	Platting
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museum	ns	
Economic Development		Other:		



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Right of way perm	nitting issues		
PROPERTY ADDRESS	This municip	al question pertains to real property. s required.	*If checked, either a p	
OR				
LEGAL DESCRIPTION	City		State	Zip Code
	Property Legal De	escription		
		•		
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal question abo	ve	
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	er 🔀 Permits (	(Building, Site Plans)
		Finance, Budget, or Investments	Permits (	(Other)
Animals		Health, Healthcare, Mental Health, Human Services		afety, Policy, Fire, EMS, or ncy Planning and Response
Annexation		Historic Preservation	Public Ut or Recyc	tilities, Energy, Water, Solid Waste, ling
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Cor Center	nvention 🔀 Quality o	of Life Affairs
Aviation		Human Rights or Immigration	🔀 Real Esta	ate
City Infrastructure or Public V	Works	Labor or Workforce	Rules, Pr	roposed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or	∑ Land Development or Land Use		or Fees
		Municipal Court	▼ Technolo	ogy or Communications
		Municipal Legislation	☐ Transpor	rtation or Mobility
Contracts or Procurement		Neighborhoods	Zoning o	or Platting
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or Mus	seums	
Economic Development		Other:		



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munici	pal Question, clic	k the "Add Additional N	Municipal Question" butto	n below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Short Term Renta				
PROPERTY ADDRESS	This municip description i		real property. *If checked	d, either a prop	
OR					
LEGAL DESCRIPTION	City		L State	2	Zip Code
	City		State	<u> </u>	Zip Code
	Property Legal De	escription			
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipa	l question above		
Accessibility or Persons with	Disabilities	Environmental Mat		Permits (Bui	lding, Site Plans)
		Finance, Budget, or	r Investments	Permits (Oth	ner)
Animals		Health, Healthcare,	, Mental Health, or		, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	on	Public Utiliti or Recycling	es, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism	n, Events, or Convention	Quality of Li	fe Affairs
Aviation		Human Rights or In	nmigration	Real Estate	
City Infrastructure or Public \	Works	Labor or Workforce	e	Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo	oyment, or	Land Development	or Land Use	∑ Taxation or I	Fees
Code Compliance		Municipal Court		Technology	or Communications
Construction		Municipal Legislation	on	Transportati	on or Mobility
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting
Diversity, Equity, or Inclusion	1	Parks, Recreation, I	Libraries, or Museums		
Economic Development		Other:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Questi	ion" button below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Water Rates					
	_	This municipal question pertains to real property. *If checked, either a property address or legal description is required.				
PROPERTY ADDRESS	Address		Suite or Apartmer	nt Number		
OR						
LEGAL DESCRIPTION	City		State	Zip Code		
	Duamantu Lagal F					
	Property Legal D	респрион				
Subject Matter(s)*: Check all s	ubject matters tha	at apply to the municipal question above	9			
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (	Building, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (	Other)		
Animals		Health, Healthcare, Mental Health, o Human Services		fety, Policy, Fire, EMS, or cy Planning and Response		
Annexation		Historic Preservation	Public Ut or Recycl	ilities, Energy, Water, Solid Waste ing		
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Conv Center	vention 🔀 Quality o	f Life Affairs		
Aviation		Human Rights or Immigration	Real Esta	te		
	Works	Labor or Workforce	Rules, Pro	oposed Rules, or Rule Making		
Civil Service, Municipal Emp Retirement Systems	oloyment, or			or Fees		
Code Compliance		Municipal Court	Technolo	gy or Communications		
Construction		Municipal Legislation	☐ Transpor	tation or Mobility		
Contracts or Procurement		Neighborhoods	Zoning or	r Platting		
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Muse	eums			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munici	pal Question, clic	k the "Add Additional Municipal Qu	estion" button below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	WTP#4			
PROPERTY ADDRESS	This municip description i	pal question pertains to real propert is required.	y. *If checked, either a p  Suite or Apartme	
OR				
LEGAL DESCRIPTION	City		State	Zip Code
	Property Legal De	escription		
Subject Matter(s)*: Check all sul	bject matters that	t apply to the municipal question ab	ove	
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Wa Quality, or Watershed Protection		Building, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (	Other)
Animals		Health, Healthcare, Mental Health Human Services		fety, Policy, Fire, EMS, or cy Planning and Response
Annexation		Historic Preservation	Public Ut or Recycl	ilities, Energy, Water, Solid Waste ing
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Co	onvention \( \sum \) Quality o	f Life Affairs
Aviation		Human Rights or Immigration	Real Esta	te
City Infrastructure or Public \	Works	Labor or Workforce	Rules, Pr	oposed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems		Land Development or Land Use	Taxation	or Fees
Code Compliance		Municipal Court	Technolo	gy or Communications
		Municipal Legislation	Transpor	tation or Mobility
Contracts or Procurement		Neighborhoods	Zoning o	r Platting
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or M	useums	
Economic Development		Other:		



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munic	cipal Question, cli	ck the "Add Additional Municipal Question" bu	itton below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Land Use issues	Land Use issues				
PROPERTY ADDRESS	I —	This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number				
OR	2500 Barton Cre					
LEGAL DESCRIPTION	City	S	itate	Zip Code		
	Austin	Т	ТХ	78735		
	Property Legal D	Pescription				
	LOT 2 BLK B BAR	TON CREEK SEC E PHS 2 & LOT 3 BLK B BARTON CRE	EEK SEC E PHS 2			
Subject Matter(s)*: Check all su	ubject matters tha	at apply to the municipal question above				
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Water     Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (Otl	her)		
Animals		Health, Healthcare, Mental Health, or Human Services		y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preservation	Public Utiliti	ies, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural o	r	Hospitality, Tourism, Events, or Convention Center	Quality of Li			
Aviation		Human Rights or Immigration	Real Estate			
City Infrastructure or Public	Works	Labor or Workforce	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emp Retirement Systems			Taxation or	Fees		
Code Compliance		Municipal Court	Technology	or Communications		
		Municipal Legislation	Transportat	ion or Mobility		
Contracts or Procurement		☐ Neighborhoods	Zoning or Pl	latting		
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries, or Museums				
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Airbnb		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  888 Brannan Street  Client City*  SAn Francisco  Nature of Client's Business*  Short Term Rentals	Client Apartment  Client State*  CA	or Suite Number  Client Zip Code*  94107

## **Section 3b:**

### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
CLILIAI	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000	or more.	
	if you fall to provide the above client Co	mpensation information	n, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	Apex Bethel Energy Center LLC		
CLIENT ADDRESS AND	Client Business Address*  3200 Southwest Freeway  Client City*  Houston	Client Apartment of Suite 2210  Client State*  TX	or Suite Number  Client Zip Code*  77027
NATURE OF BUSINESS	Nature of Client's Business*  Energy		

## Section 3b:

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the 6 for compensation totaling \$500,000 o	r more.	
	If you fail to provide the above Client Com	pensation information	ı, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable *  Armbrust & Brown LLP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  100 Congress Ave.  Client City*  Austin  Nature of Client's Business*  Law Firm	Client Apartment Suite 1300 Client State* TX	or Suite Number  Client Zip Code*  78701

#### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	AT&T Inc.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  816 Congress Ave  Client City*  Austin  Nature of Client's Business*  Communications	Client Apartment of Suite 1100  Client State*  TX	Client Zip Code*

## Section 3b:

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$10,000 - \$24,999	OR		
COMPENSATION		_		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250)			

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Balcones Resources		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  1101 East 11th Street  Client City*  Austin  Nature of Client's Business*  Recycling	Client Apartment  Client State*  TX	or Suite Number  Client Zip Code*  78702

### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		l	
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Brandywine Realty Trust		
	Client Business Address*	Client Apartment	or Suite Number
CLIENT	1501 S Mopac	Suite 310	
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		
			,

## Section 3b:

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$10,000 - \$24,999	OR		
COMPENSATION		_		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250)			

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	CCARE		
CLIENT	Client Business Address*  c\o Brandywine Realty 1501 S Mopac  Client City*	Client Apartment Suite 310 Client State*	or Suite Number  Client Zip Code*
ADDRESS	Austin	TX	78746
AND	Austin		78740
NATURE OF	Nature of Client's Business*		
BUSINESS	Business League		

## Section 3b:

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe	neation a	amount is required
	for compensation totaling \$500,000 or more.	iisatioii a	inount is required
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):

Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Cedar Park, Texas		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  450 Cypress Creek Rd  Client City*  Cedar Park  Nature of Client's Business*  Municipal District	Client Apartment  Client State*  TX	or Suite Number  Client Zip Code*  78613

## Section 3b:

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Cirrus Logic		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  800 West Sixth St  Client City*  Austin  Nature of Client's Business*  Hi Tech	Client Apartment of Client State*	Client Zip Code* 78701

#### **Section 3b:**

### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Cypress Real Estate Advisors		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  1601 S Mopac  Client City*  Austin  Nature of Client's Business*  Real Estate	Client Apartment of Suite 175  Client State*  TX	Client Zip Code*

### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable *  Cypress Semiconductor		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  Champion Court  Client City*  San Jose  Nature of Client's Business*  High Tech	Client Apartment  Client State*  CA	or Suite Number  Client Zip Code*  95134

### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		ı	
	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation inf		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 3: Client

## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	Endeavor Real Estate Group		
	Client Business Address*  221 West 6th Street	Client Apartment of Suite 1300	or Suite Number
CLIENT ADDRESS	Client City* Austin	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*		[76701
BUSINESS	Real Estate		

### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$10,000 - \$24,999	OR		
COMPENSATION		1		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 or more).			
	in you rail to provide the above cheft compensation in	Tormation	r, provide your reason(s) (250 char. max).	

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Gable Residential		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  1540 North Avenue NW  Client City*  Atlanta  Nature of Client's Business*  Real Estate Development	Client Apartment  Client State*  GA	or Suite Number  Client Zip Code*  30318

## Section 3b:

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Goveia		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  24855 Del Prado  Client City*  Dana Point  Nature of Client's Business*  Real Estate Development	Client Apartment Client State *	or Suite Number  Client Zip Code*  92629

### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Greater Austin Crime Commission		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  PO Box 27016  Client City*  Austin  Nature of Client's Business*  Non-profit	Client Apartment  Client State*  TX	or Suite Number  Client Zip Code*  78755

## **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	\$10,000 - \$24,999	OR			
COMPENSATION					
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):				

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  HDR, Inc		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  4401 West Gate Blvd  Client City*  Austin  Nature of Client's Business*  Engineering Firm	Client Apartment Suite 400 Client State*  TX	or Suite Number  Client Zip Code*  78745

### **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		1	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 3: Client

## Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Lincoln Clean Energy		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  401 N Michigan Ave  Client City*  Chicago  Nature of Client's Business*  Renewable Energy	Client Apartment  Suite 501  Client State*	or Suite Number  Client Zip Code*  60611

#### **Section 3b:**

### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	MWH Constructors		
CLIENT ADDRESS	Client Business Address*  370 Interlocken Blvd  Client City*	Client Apartment of Suite 300  Client State*	or Suite Number  Client Zip Code*
AND	Broomfield	со	80021
NATURE OF BUSINESS	Nature of Client's Business*  Real Estate		

## **Section 3b:**

## **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  North Austin MUD #1		
	Client Business Address*  2601 Forest Creek Dr	Client Apartment or	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Round Rock	ТХ	78665
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		

#### Section 3b:

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION		l		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 ch			

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Northtown MUD		
	Client Business Address*	Client Apartment	or Suite Number
0.153.5	1421 Wells Branch Pkwy	Bldg 1, Suite 106	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Pflugerville	TX	78660
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION		ı		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. ma.			
	in you fail to provide the above client compensation in	Tormation	r, provide your reason(s) (250 char. max).	

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	NXP Semiconductor, Inc		
CLIENT	Client Business Address*  6501 William Cannon Drive West	Client Apartment	
ADDRESS	Client City* Austin	Client State*	Client Zip Code*
AND NATURE OF BUSINESS	Nature of Client's Business*  High Tech		[76733

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	l	
	Samsung Austin Semiconductor, LLC		
	Client Business Address*	Client Apartment	or Suite Number
0.1535	12100 Samsung Blvd	#110	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78754
NATURE OF	Nature of Client's Business*		
BUSINESS	High Tech		

#### Section 3b:

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$10,000 - \$24,999	OR		
COMPENSATION		_		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 ch			

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Senior Quality Lifestyles Corporation		
CLIENT ADDRESS AND	Client Business Address*  12720 Hillcrest  Client City*  Dallas	Client Apartment of Suite 106  Client State*	or Suite Number  Client Zip Code*  75230
NATURE OF BUSINESS	Nature of Client's Business*  Developer		

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the 6 for compensation totaling \$500,000 o	r more.	
	If you fail to provide the above Client Com	pensation information	ı, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	Seton Healthcare		
CLIENT	Client Business Address*  1201 W 38th St	Client Apartment o	or Suite Number
	Client City*	Client State*	Client Zip Code*
ADDRESS AND	Austin	TX	78705
NATURE OF	Nature of Client's Business*		
BUSINESS	Healthcare Network		

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Taser International, Inc		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  17800 N 85th St  Client City*  Scottsdale  Nature of Client's Business*  Manufacturer of Body Cameras	Client Apartment  Client State*  AZ	or Suite Number  Client Zip Code*  85255

#### Section 3b:

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000	or more.	amount is required  a, provide your reason(s) (250 char. max):
	if you fail to provide the above client co		i, provide your reason(s) (250 char. max).

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Texas Beverage		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  919 Congress Ave  Client City*  Austin  Nature of Client's Business*  Trade Association	Client Apartment Suite 950 Client State* TX	or Suite Number  Client Zip Code*  78701

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Tokyo Electron America, Inc		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  2400 Grove Blvd  Client City*  Austin  Nature of Client's Business*  High Tech	Client Apartment of Client State*	Client Zip Code*

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		ı	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Torchy's Tacos		
	Client Business Address*	Client Apartment	or Suite Number
CHENT	999 E Basse Rd		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	San Antonio	TX	78209
NATURE OF	Nature of Client's Business*		
BUSINESS	Restaurants		

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		ı	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

## Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Travis County Fire Rescue ESD #11		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  9019 Elroy Road  Client City*  Del Valle  Nature of Client's Business*  Emergency Services	Client Apartment  Client State*  TX	or Suite Number  Client Zip Code*  78617

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable *  Wal Mart Stores, Inc		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  2001 Southeast 10th St.  Client City*  Bentonville  Nature of Client's Business*  Retail Merchant	Client Apartment  Client State*  AR	or Suite Number  Client Zip Code*  72713

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		ı	
	Per City Code Section 4-8-6(A)(j), the exact composition for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		
	in you fail to provide the above client compensation in	Tormation	r, provide your reason(s) (250 char. max).

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Walton Development and Management		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  515 Congress Avenue  Client City*  Austin  Nature of Client's Business*  Real Estate	Client Apartment of Suite 1620  Client State*  TX	Client Zip Code*  78701

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION		_	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  Water Control Irrigation District #10		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  5450 Bee Cave  Client City*  Austin  Nature of Client's Business*  Utility District	Client Apartment of #2A  Client State*  TX	or Suite Number  Client Zip Code*  78746

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT  NAME  Client is an individual	Client Title Client First Name*  Organization Name or Client Last Name, as applicable*  Wayne Reaud	Client Suffix	Middle
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  98 San Jacinto Blvd  Client City*  Austin  Nature of Client's Business*  Property Owner	Client Apartment Suite 1400 Client State* TX	Client Zip Code*

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		ı	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*  Wells Branch MUD		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  3000 Shoreline Dr.  Client City*  Austin  Nature of Client's Business*  Utility District	Client Apartment  Client State*  TX	or Suite Number  Client Zip Code*  78728

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 3: Client

#### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	White Lodging Services Corp		
	Client Business Address*	Client Apartment	or Suite Number
0.1517	701 East 83rd Ave		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Merrillville	IN	46410
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

#### **Section 3b:**

#### **Client Compensation**

Disclosure of compensation received from each client is required for Quarterly Activity and/or Termination of Registration Reports.

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION		ı	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

PERSON EMPLOYED OR RETAINED	Title First Name*  Last Name *  Employer*	Middle  Suffix  Occupation*
BUSINESS ADDRESS	Business Address*  City*	Apartment or Suite Number  State* Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ Is the person identified above related (within the thir Council Member, or a member of their household, as If yes, describe the nature of their employment *requir  First Name of Mayor/Council Member Las	defined in City Code Section 4-8-6(A)(5)?

Add Another Employee Page

<sup>\*</sup> Indicates a required field



If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



#### Section 5: Statement of No Activity

#### STATEMENT OF NO ACTIVITY

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I have no Client Compensation to report during this activity period (§4-8-6(A)(2)).
- I have no Expenditures for lobbying to report during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

# No Activity Confirmation I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
EXPENDITURE	(\$) Entertainment	\$0.00
TOTALS	(\$) Awards and Mementos	\$0.00
(Blank values	(\$) Honorariums	\$0.00
will be interpreted as \$0)	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME	Organization Name or Payee Last Name,	as applicable*		
AND				
BUSINESS INTEREST	This payee is a business or business interest of a City Official			
	If yes, First Name of City Official	Las	t Name of City C	official
Payee is an individual				
	Department of City Official	Job	Title of City Offi	cial
	Payee Address/ PO Box*		Payee Apartmo	ent or Suite Number
PAYEE				
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
EXPENDITURE DETAILS	(\$) Expenditure Amount* Expendit  Purpose of the Expenditure*	cure Date* Category	<b>,*</b>	
Identify each City Official w	rho benefitted from or who may	/ have been influer	nced by the	expenditure, if applicable
City Official First Name	City Official Last Name	Departmer	nt	Job Title
Add Another Expenditure Page	1		Delete t	his page Page 58 of 59 Revised: 6/30/2017



# Section 8: Declaration and Electronic Submission

#### **DECLARATION**

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Trey Salinas	7/6/2017
Printed/Typed Name	Report Date*

#### **Electronic Submission and Signature**

I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.

Submit this form via e-mail